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EXPRESS MAIL CERTIFICATE

Date 8/29/02 Label No. EU 186685428-45

I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office to Addressee" service.

PLEASE CHARGE ANY DEFICIENCY UP TO \$300.00 OR CREDIT ANY EXCESS IN THE FEES DUE WITH THIS DOCUMENT TO OUR DEPOSIT ACCOUNT NO. 04-0100

B.W. LEE B.W. Lee
Name (Print) Signature

Customer No.:



Docket No.: 1774/OK314

07278

PATENT TRADEMARK OFFICE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Daniel LARSSON; Thomas LUNDEBERG

Serial No.: 10/070,072 Art Unit:

Confirmation No.: 7234

Filed: February 20, 2002 Examiner:

For: APPARATUS FOR PROVIDING AN INDICATION OF SELECTED COMPONENTS OF A SENSATION

Box MISSING PARTS
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

COMPLETION OF PATENT APPLICATION

The following items are submitted herewith in completion of the above-identified patent application:

1. Declaration and power of attorney
2. Payment in the amount of \$ 130, (\$ 0 filing; \$ 0 recording; \$ 130 late)
in the form of:
☒ check
☐ deposit account no. 04-0100
☐ credit card (see attached form)
(See attached Fee Computation Sheet)

3. ☐ Drawings, sheets (Figs.)
4. ☐ Assignment for recording to: CEFAR MATCHER AB already filed
5. ☐ Applicant claims small entity status.
PARTIAL REFUND of all fees paid within last 2 months is REQUESTED.
6. A copy of Notice to File Missing Parts of Application.

Priority is claimed for this application, corresponding application/s having been filed as follows:

Country:

Number:

Date:

The priority documents ☐ are enclosed
☐ will follow.
☐ were filed in a previous application.

The Patent Office is authorized to charge any deficiency up to \$300.00 in the above fees, and to credit any excess, to our Deposit Account No. 4-0100.

Respectfully submitted,

Dated: August 29, 2002



Kevin L. Reiner
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PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$0.00
Total Claims	0 - 20	- 0 = 0	x \$18.00	\$0.00
Independent Claims	0 - 3	- 0 = 0	x \$84.00	\$0.00
Multiple Dependent Claims		- if so, add	\$280.00	\$0.00
Surcharge for late submission of filing fee and/or declaration (\$130.00)				\$130.00
SUBTOTAL				\$130.00
[] Small Entity REDUCTION (Half of Subtotal)				\$0.00
Fee for recordation of assignment (\$40.00)				\$0.00
Charge for filing non-English language application (\$130.00)				\$0.00
TOTAL				\$130.00

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